


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 17, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90456 021 \*\*\*150.00

<b>DOCUMENT # P03000151120</b>	
1. Entity Name <b>SRFI PROPERTIES, INC.</b>	

Principal Place of Business <b>127 HWY 98 EAST SUITE 3A DESTIN, FL 32541</b>	Mailing Address <b>127 HWY 98 EAST SUITE 3A DESTIN, FL 32541</b>
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**66023270**



2. Principal Place of Business <b>1114 Airport Rd</b>	3. Mailing Address <b>PO Box 5762</b>
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05262005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>DESTIN FL</b>	City & State <b>DESTIN FL</b>
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4. FEI Number <b>11-3709113</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32541</b>	Country <b>OKLAHOMA</b>	Zip <b>32540</b>	Country <b>OKLAHOMA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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KING, MICHAEL S 127 HWY 98 EAST SUITE 3A DESTIN, FL 32541	Name <b>GERARD J KELLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>6203 W. FAIRFIELD DR</b> City <b>PENSACOLA</b> FL Zip Code <b>32506</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE **5/27/05**  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PRESIDENT MICHAEL S KING 127 HWY 98 E STE 3A DESTIN FL 32541</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PRESIDENT MICHAEL S KING 6600 E BAY BLVD GULF BREEZE FL 32563</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #